

* Disclaimer – These rates are current but the Optometric and Optical Services Rules ARSD § 67:16:08 are in the process of being updated.
This disclaimer will be removed once rule changes are final.

Covered Vision Service Codes

Attention: The procedure codes with established rates effective for dates of service starting July 1, 2012, through June 30, 2013 reflect a reduction in rates of 6.4% for SFY12 and increase of .5% for SFY13. Codes with no established rate pay at a percentage of billed charges per administrative rule and the same percentage for SFY12 reductions and SFY13 increase will be applied.

The Rates represented are not reflective of applicable cost share and other payment adjustments.

Last Updated May 2, 2013

Code	Description	Fee
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	\$29.72
A4550	Surgical trays	\$29.72
G0117	Glaucoma screening for high risk patient furnished by an optometrist or ophthalmologist	40%
G0118	Glaucoma screening for high risk patient furnished under the supervision of an optometrist or ophthalmologist	40%
V2020	Frames, complete	\$54.79
V2199	Single vision lens, per lens	\$30.09
V2199-22	Single vision high index lens, per lens	\$37.61
V2299	Bifocal lens, per lens	\$45.16
V2299-22	Bifocal high index lens, per lens	\$56.45
V2399	Trifocal lens, per lens	\$61.03
V2399-22	Trifocal high index lens, per lens	\$76.29
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	\$96.89
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	\$99.66
V2510	Contact Lens, gas permeable	\$96.77
V2520	Contact Lens, hydrophilic	\$81.47
V2521	Contact Lens, hydrophilic, toric, or prism ballast	\$157.76
V2530	Contact Lens, scleral	\$158.42
V2531	Contact Lens, scleral, gas permeable	\$408.84
V2710	Slab off prism, glass or plastic, per lens	\$62.66
V2715	Prism, per lens	\$8.49
V2781	Progressive lens, per lens	\$61.03
V2784	Lens, polycarbonate or equal, any index, per lens, additional charge	40%
V2799	Vision Service, Miscellaneous; (EPSDT Only), Requires Prior Authorization	40%
11200	Removal of skin tags, multiple fibrocutaneous tags, up to 15 lesions	\$60.86
11201	Removal of skin tags, each additional 10 lesions	\$15.60
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; first lesion	\$57.21
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; 2-14 lesions	\$7.15

Code	Description	Fee
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	\$173.58
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of flat warts, molluscum contagiosum, or milia; up to 14 lesions	\$74.82
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of flat warts, molluscum contagiosum, or milia; 15 or more lesions	\$91.53
17250	Chemical Cauterization of granulation tissue (proud flesh, sinus, or fistula)	\$56.70
65205	Remove foreign body, external eye; conjunctival superficial	\$45.69
65210	Remove foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	\$39.43
65220	Remove foreign body, external eye; corneal, without slit lamp	\$32.69
65222	Remove foreign body, external eye; corneal, with slit lamp	\$61.46
65275	Repair laceration; cornea, nonperforating, with or without removal of foreign body	\$185.71
65430	Scraping of cornea, diagnostic, for smear and/or culture	\$57.26
65435	Removal corneal epithelium; with or without chemocauterization (abrasion, curettage)	\$53.84
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	\$183.67
66999	Unlisted procedure, anterior segment of eye	40%
67700	Blepharotomy, drainage of abscess, eyelid	\$44.57
67820	Correction trichiasis; epilation, by forceps only	\$41.15
67825	Correction trichiasis; epilation, by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	\$63.36
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	\$212.43
67850	Destruction of lesion of lid margin (up to 1 cm)	\$89.32
67938	Removal of embedded foreign body, eyelid	\$82.31
68020	Incision of conjunctiva, drainage of cyst	\$46.84
68040	Expression conjunctival follicles (eg, trachoma)	\$41.47
68135	Destruction of lesion, conjunctiva	\$81.46
68761	Closure of the lacrimal punctum; by plug, each	\$108.45
68801	Dilation of lacrimal punctum; with or without irrigation	\$89.99
68810	Probing of nasolacrimal duct, with or without irrigation	\$175.09
68840	Probing of lacrimal canaliculi, with or without irrigation	\$43.43
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	\$68.98
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$57.14
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	\$10.99
76516	Ophthalmic biometry by ultrasound echography, A-scan	\$141.10
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens	\$45.77
76529	Ophthalmic ultrasonic foreign body localization	\$61.49
82785	Gammaglobulin; IgE	\$21.41
83520	Immunoassay, analyte; not otherwise specified	\$16.83
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program intermediate, new patient	\$58.75
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program comprehensive, new patient, one or more visits	\$108.69

Code	Description	Fee
92012	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program intermediate, established patient	\$60.78
92014	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program comprehensive, established patient, one or more visits	\$88.53
92015	Determination of refractive state	\$10.04
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or the manipulation to facilitate diagnostic examination; complete	\$123.45
92020	Gonioscopy (separate procedure)	\$21.90
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$25.78
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	\$33.61
92071	Fitting of contact lens for treatment of ocular surface disease	\$23.36
92072	Fitting of contact lens for management of keratoconus, initial fitting	\$23.36
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	\$41.36
92082	Visual field examination, unilateral or bilateral, with medical diagnostic evaluation; intermediate examination (eg, at least 2 isopters on Goldmann Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	\$53.91
92083	Visual field examination, unilateral or bilateral, with medical diagnostic evaluation; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry)	\$61.94
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	\$34.22
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$68.52
92140	Provocative tests for glaucoma, with interpretation and report, without tonographymedicine	\$23.19
92225	Ophthalmoscopy, extended, with retinal drawings (eg, for retinal detachment, melanoma), with interpretation and report; initial	\$19.44
92226	melanoma), with interpretation and report; subsequent	\$17.70
92230	Fluorescein angiography with interpretation and report	\$36.85
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report	\$106.46
92250	Fundus photography with interpretation and report	\$60.79
92260	Ophthalmodynamometry	\$26.95
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report	\$32.26
92270	Electro-oculography with interpretation and report	\$46.71
92275	Electroretinography with interpretation and report	\$55.23
92283	Color vision examination, extended, (eg, anomaloscope or equivalent)	\$15.56
92284	Dark adaptation examination with interpretation and report	\$23.25
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereo-photography)	\$36.38

Code	Description	Fee
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count	\$101.13
92287	Special anterior segment photography with medical diagnostic evaluation with fluorescein angiography	\$66.69
92310-25	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	\$23.38
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye	\$56.86
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	\$69.06
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation corneoscleral lens	\$51.64
92315	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye	\$31.95
92316	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	\$46.63
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaption and direction of fitting by independent technician corneoscleral lens	\$24.32
92326	Supply or Replacement of contact lens	\$44.85
92370	Repair and refitting spectacles; except for aphakia	\$23.52
92499	Unlisted ophthalmological service or procedure	40%
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	\$87.90
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$8.33
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$15.71
97530	Therapeutic activities, direct (one on one) patient contact by provider (use of dynamic activities to improve functional performance), each 15 minutes	\$9.17
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	\$7.57
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	\$13.73
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	40%
99201	Office or other outpatient visit for evaluation and management, new patient, problem focused history and exam, and straightforward decision making	\$31.11
99202	Office or other outpatient visit for evaluation and management, new patient, expanded problem focused history and exam, and straightforward decision making	\$48.05
99203	Office or other outpatient visit for evaluation and management, new patient, detailed history and exam, and low complexity of decision making	\$71.42
99204	Office or other outpatient visit for evaluation and management, new patient, comprehensive history and exam, and moderate complexity of decision making	\$101.41

Code	Description	Fee
99205	Office or other outpatient visit for evaluation and management, new patient, comprehensive history and exam, and high complexity of decision making	\$129.36
99211	Office or other outpatient visit for evaluation and management, established patient that may not require the presence of a physician	\$15.47
99212	Office or other outpatient visit for evaluation and management, established patient, problem focused history and exam, and straightforward decision making	\$27.95
99213	Office or other outpatient visit for evaluation and management, established patient, expanded problem focused history and exam, and low complexity decision making	\$39.07
99214	Office or other outpatient visit for evaluation and management, established patient, detailed history and exam, and moderate complexity of decision making	\$61.23
99215	Office or other outpatient visit for evaluation and management, established patient, detailed history and exam, and high complexity of decision making	\$89.36
99231	Subsequent hospital care, per day, for evaluation and management, expanded problem focused history and exam, and straightforward, low complexity decision making	\$33.65
99232	Subsequent hospital care, per day, for evaluation and management, established patient, expanded history and exam, and moderate complexity of decision making	\$47.38
99233	Subsequent hospital care, per day, for evaluation and management, established patient, detailed history and exam, and high complexity of decision making	\$63.40
99241	Office consultation, new or established patient, problem focused history and exam, and straightforward decision making	\$45.82
99242	Office consultation, new or established patient, expanded problem, focused history and exam, and straightforward decision making	\$68.03
99243	Office consultation, new or established patient, detailed history and exam, and low decision making	\$89.93
99244	Office consultation, new or established patient, comprehensive history and exam, and moderate decision making	\$127.85
99245	Office consultation, new or established patient, comprehensive history and exam, and high decision making	\$165.49
99251	Initial inpatient consultation, new or established patient, problem focused history and exam, straightforward decision making	\$43.37
99252	Initial inpatient consultation, new or established patient, expanded problem, focused history and exam, straightforward decision making	\$71.92
99253	Initial inpatient consultation, new or established patient, detailed history and exam, low complexity decision making	\$93.94
99254	Initial inpatient consultation, new or established patient, comprehensive history and exam, moderate complexity decision making	\$127.68
99255	Initial inpatient consultation, new or established patient, comprehensive history and exam, high complexity decision making	\$157.84
99281	Emergency department visit problem focused history and exam, and straightforward decision making	\$23.33
99282	Emergency department visit expanded problem focused history and exam, and low complexity decision making	\$29.18
99283	Emergency department visit expanded problem focused history and exam, and moderate complexity decision making	\$58.23
99284	Emergency department visit detailed history and exam, and moderate complexity decision making	\$87.97
99285	Emergency department visit comprehensive history and exam, and high complexity decision making	\$132.13

Code	Description	Fee
99307	Subsequent nursing facility care visit, per day, problem focused history and exam, and straightforward decision making	\$29.68
99308	Subsequent nursing facility care visit, per day, expanded problem focused history and exam, and low complexity decision making	\$46.21
99309	Subsequent nursing facility care visit, per day, detailed history and exam, and moderate complexity decision making	\$63.36
99310	Subsequent nursing facility care visit, per day, comprehensive history and exam, and high complexity decision making	\$63.36
99324	Domiciliary or rest home visit for evaluation and management, new patient, problem focused history and exam, and straightforward decision making	\$42.30
99325	Domiciliary or rest home visit for evaluation and management, new patient, expanded problem focused history and exam, and low complexity decision making	\$40.68
99326	Domiciliary or rest home visit for evaluation and management, new patient, detailed history and exam, and moderate complexity of decision making	\$60.66
99327	Domiciliary or rest home visit for evaluation and management, new patient, comprehensive history and exam, and moderate complexity of decision making	\$56.63
99328	Domiciliary or rest home visit for evaluation and management, new patient, comprehensive history and exam, and high complexity of decision making	\$56.63
99334	Domiciliary or rest home visit for evaluation and management, established patient, problem focused history and exam, and straightforward decision making	\$32.23
99335	Domiciliary or rest home visit for evaluation and management, established patient, expanded problem focused history and exam, and low complexity decision making	\$37.88
99336	Domiciliary or rest home visit for evaluation and management, established patient, detailed history and exam, and moderate complexity of decision making	\$38.56
99337	Domiciliary or rest home visit for evaluation and management, established patient, comprehensive history and exam, and high complexity of decision making	\$37.44
99341	Home visit for evaluation and management, new patient, problem focused history and exam, and straightforward decision making	\$43.91
99342	Home visit for evaluation and management, new patient, expanded problem focused history and exam, and low complexity decision making	\$54.57
99343	Home visit for evaluation and management, new patient, detailed history and exam, and moderate complexity of decision making	\$67.25
99344	Home visit for evaluation and management, new patient, comprehensive history and exam, and moderate complexity of decision making	\$145.09
99345	Home visit for evaluation and management, new patient, comprehensive history and exam, and high complexity of decision making	\$174.69
99347	Home visit for evaluation and management, established patient, problem focused history and exam, and straightforward decision making	\$32.41
99348	Home visit for evaluation and management, established patient, expanded problem focused history and exam, and low complexity decision making	\$43.97
99349	Home visit for evaluation and management, established patient, detailed history and exam, and moderate complexity of decision making	\$70.85
99350	Home visit for evaluation and management, established patient, comprehensive history and exam, and high complexity of decision making	\$140.90
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour	\$73.70

Code	Description	Fee
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes	\$71.06
99356	Prolonged physician service in the inpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour	\$83.94
99357	Prolonged physician service in the inpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes	\$68.77
99499	Unlisted evaluation and management service	40%

**The following codes are paid for postoperative management only.
The codes must contain the 55 modifier to receive payment.**

Code	Description	Fee
15820-55	Blepharoplasty, lower eyelid	\$86.82
15821-55	Blepharoplasty, lower eyelid; with extensive herniated fat pad	\$99.62
15823-55	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	\$111.63
65400-55	Excision lesion cornea (keratectomy, lamellar, partial), except pterygium	\$92.85
65420-55	Excision or transposition pterygium; without graft	\$63.51
65710-55	Keratoplasty (corneal transplant); lamellar	\$346.42
65730-55	Keratoplasty (corneal transplant); penetrating (except in aphakia)	\$384.51
65750-55	Keratoplasty (corneal transplant); penetrating (in aphakia)	\$390.57
65755-55	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	\$403.84
65772-55	Corneal relaxing incision for correction of surgically induced astigmatism	\$126.65
65775-55	Corneal wedge resection for correction of surgically induced astigmatism	\$108.50
65815-55	Paracentesis anterior chamber eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	\$71.28
65820-55	Goniotomy	\$131.72
65850-55	Trabeculotomy ab externo	\$178.21
65855-55	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	\$130.38
65875-55	Severing adhesions anterior segment eye (with or without injection air or liquid) (separate procedure); posterior synchia	\$95.76
65930-55	Removal of blood clot, anterior segment of eye	\$453.18
66170-55	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	\$185.76
66761-55	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)	\$88.67
66821-55	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (one or more sessions)	\$71.75
66825-55	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	\$113.20
66840-55	Removal of lens material; aspiration technique, one or more stages	\$131.75
66850-55	Removal of lens material phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	\$180.11
66852-55	Removal of lens material; pars plana approach, with or without vitrectomy	\$189.02
66920-55	Removal of lens material; intracapsular	\$167.08
65426-55	Excision or Transposition Pterygium. With graft	\$135.14
66930-55	Extraction of lens with or without iridectomy; intracapsular, for dislocated lens	\$155.85
66940-55	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	\$175.01

Code	Description	Fee
66982-55	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique, complex, requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic developmental stage	\$803.37
66983-55	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	\$230.74
66984-55	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	\$243.21
66985-55	Insertion of intraocular lens prosthesis (secondary implant) not associated with concurrent cataract removal	\$173.77
66986-55	Exchange of intraocular lens	\$190.67
67005-55	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	\$185.08
67010-55	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	\$203.45
67015-55	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	\$101.66
67025-55	with or without aspiration (separate procedure)	\$101.63
67027-55	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	\$644.01
67311-55	Strabismus surgery, recession or resection procedure; one horizontal muscle	\$126.72
67312-55	Strabismus surgery, recession or resection procedure (patient not previously operated on); two horizontal muscles	\$153.23
67314-55	Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique)	\$163.22
67316-55	Strabismus surgery, recession or resection procedure (patient not previously operated on); two or more vertical muscles (excluding superior oblique)	\$146.38
67318-55	Strabismus surgery, any procedure, superior oblique muscle	\$147.29
67343-55	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	\$99.17
67345-55	Chemodeneration of extraocular muscle	\$40.47
67800-55	Excision chalazion; single	\$22.86
67801-55	Excision chalazion; multiple, same lid	\$21.65
67805-55	Excision chalazion; multiple, different lids	\$25.98
67808-55	Excision chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	\$36.97
67900-55	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	\$64.30
67901-55	banked fascia)	\$123.63
67902-55	(includes obtaining fascia)	\$148.79
67903-55	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	\$172.47
67904-55	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	\$157.66
67906-55	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	\$93.92
67908-55	Repair of blepharoptosis; conjunctivo-tarso-muller's muscle-levator resection (eg, fasanella-servat type)	\$116.83
67916-55	Repair of ectropion; excision tarsal wedge	\$97.63
67917-55	Repair of ectropion; extensive (eg, tarsal strip operations)	\$102.77

Code	Description	Fee
67921-55	Repair entropion; suture	\$51.09
67922-55	Repair entropion; thermocauterization	\$32.57